2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N05000002396

Entity Name: HABITAT FOR HUMANITY OF GULF COUNTY, INCORPORATED

Current Principal Place of Business:

P.O. BOX 675
PORT ST. JOE., FL 32456

New Principal Place of Business:

528 6TH STREET
PORT ST. JOE., FL 32456 US

Current Mailing Address:

P.O. BOX 675
PORT ST. JOE., FL 32456

New Mailing Address:

P.O. BOX 675
PORT ST. JOE., FL 32456 US

FEI Number: 35-2250083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MAGIDSON, JR., MEL C
528 6TH STREET
PORT ST. JOE., FL 32456 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MELVIN, TRACY
Address: 507 C 7TH STREET
City-St-Zip: PORT ST. JOE., FL 32456

Title: D ( ) Delete
Name: MAGIDSON, JR., MEL C
Address: 528 6TH STREET
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: D ( ) Delete
Name: ALSOBROOK, GAIL
Address: 4550 WEST HWY. 98
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: D ( ) Delete
Name: DAVIDSON, ERIC
Address: 4550 WEST HWY. 98
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: D ( ) Delete
Name: BLACK, DANA
Address: 704 NAUTILUS DR.
City-St-Zip: PORT ST., JOE, FL 32456 US

Title: D ( ) Delete
Name: BLODEN, DANNIE
Address: 110 BRENDA DR.
City-St-Zip: PORT ST. JOE, FL 32456 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SCHWEERS, JOHN
Address: 109 HIDDEN RIDGE RD.
City-St-Zip: PORT ST. JOE, FL 32456 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEL MAGIDSON JR. D 05/01/2007
Electronic Signature of Signing Officer or Director — Date